PTO/SB/17 (10-07)

Approved for use through 06/30/2010, OMB 0651-0032

Under the Paperwork Reduction Act	t of 1995 no persons are req	uired to re	espond to a collectio	n of infon	mation unless it	displays a val-	id OMB control number
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
			Application Nun	nber	10/684,856		W
FEE TRANSMITTAL			Filing Date	October 13.	ber 13, 2003		
For FY 2008		First Named Inv	entor	Ronald High	hsmith		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name Hoa		Hoa T. Le	oa T. Le		
			Art Unit		1773		
TOTAL AMOUNT OF PAYMENT (\$)			Attorney Docker	t No.	H0001324.32440 - 4690		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number, 500977 Deposit Account Name: Buchalter Nemer							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
WARNING: Information on this form may become public Credit cord information should not be included as the incl							
nitrimation and authorization on P10-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH,	AND EXAMINATION LING FEES		0115550	=			
	Small Entity		CH FEES Small Entity	EXAM	INATION F Small En		
Application Type Fee Utility 31	e (\$) Fee (\$)	Fee (\$	2.000.000	Fee	(\$) Fee (\$)		Fees Paid (\$)
Design 21		510	255	210			
	100	100	50	130		_	
	100	310	155	160			
	100	510	255	620	0.10	-	
Provisional 21 2. EXCESS CLAIM FEES	10 105	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)					210		105
Multiple dependent claims Total Claims Extra Claims Fee (5) Fee Paid (5)					370		85
Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = x =						ole Depende	
HP = highest number of total claims paid for, if greater than 20.					Fee	131 <u>F</u>	ee Paid (\$)
	a Claims Fee (\$)	Fee	Paid (\$)				
- 3 or HP = X = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100= /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (5)							
Other (e.g., late filing surcharge):							
SUBMITTED BY V 1111 Oct							
gnature VIIII	a Ynim VIV	mos	Registration No.	264	Tel	ephone ₉₄₉ .;	224-6282
ame (Print/Type) Sandra P. Thom	pson	u	Attorney/Agent) 46	-,	Dat	~~~~~~	3-2007
nis collection of information is mounted to		-6	and the same of th		1500	14	2 441

This collection of information is required by 3 or CH* 1.36. The information is required to obtain or retain a benefit by the public which is 6. In figure 4. In the USPTO or process para publication. Confidentially so generated by \$6. U.S. C. Paul and 3 or CR* 1.41. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the correlected application from to the USPTO. Three will vary depending youn the including case. Any comments on the amount of time you require to complete the form and/or suggestions for required public public valued by a retain to the Chief Information Officer, U.S. Pagestinent of Commence, P.O. Box 1453, Advantage, V. Pagestinent Comments on Chief Com ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.